



WEEKLY CERTIFIED PAYROLL REPORTING FORM

| NAME OF CONTRACTOR :Scaffold Resource LLC Subcontractor to Lend Lease - Old Post Office | | | | CONTRACTOR'S LICENSE No. 3019247223 SPECIALTY LICENSE No. | | | | ADDRESS : 9513 Lanham Severn Road , Lanham, Md 20706 PHONE: 301-924-7223 EMAIL: dford@scaffoldresource.com | | | | PROJECT LOCATION/ CODE / NAME : Washington, DC / 46126400 / Trump Hotel | | | | | | | | | | | | | | |
|--|---|--|--|--|----------|--------------------|---------|--|------------------------|------------------------|---------|--|----------------------------------|------------------------------|----------------------|----------------------|--------------------|-----------------------------|-----------------|----------------------|-------------------|-----------------------------|--------------------|--------------|--|--|
| PAYROLL No. 21 | | FOR WEEK ENDING: 12/06/2014 SUBMITTED ON: December 22, 2014 | | MOTOR CARRIER PERMIT No. | | UNION Non-Union | | SELF-INSURED CERTIFICATE No. WORKERS' COMP. POLICY : | | | | WAGE DECISION: DC 130002 7/05/2013 | | | | | | | | | | | | | | |
| NAME, ADDRESS, SSN, DRIVER'S LICENSE, ETHNICITY, GENDER | | WORK CLASSIFICATION, LOCATION AND TYPE | | HOURS WORKED EACH DAY | | | | TOTAL HOURS | BASE HOURLY RATE | GROSS AMOUNT EARNED | | DEDUCTION . CONTRIBUTION AND PAYMENTS | | | | | | NET WGS PAID FOR WEEK | CHECK No. | | | | | | | |
| MONGUE, GARY (b) (6) | | EXEMPT 0 | LABO0657-015 / LABORER: Skilled / Type: Building Washington, DC WD: DC 130002 7/05/2013 | | 11/30/14 | 12/1/14 | 12/2/14 | 12/3/14 | 12/4/14 | 12/5/14 | 12/6/14 | TOTAL HOURS THIS PROJECT | BASE HOURLY RATE OF PAY | THIS PROJECT | ALL PROJECTS | Federal Tax | Social Security | Medicare | State Tax | Local Taxes / SDI | Other | Savings | Total Deduction | Check No. | | |
| | S | | | M | T | W | TH | F | S | | \$24.00 | 174.09 | 80.97 | | | 0.00 | 52.59 | 0.00 | 8.09 | 0.00 | \$315.74 | 2262486 | | | | |
| | S | | | | 1.50 | | | | | 1.50 | 3.00 | | | | | | | | | | | | | | | |
| | O | | | | | | | | | | | \$0.00 | | | | | | | | | | | | | | |
| | D | | | | | | | | | | \$0.00 | | | | | | | | | | | | | | | |
| All or Part of Fringes Paid to Employee: NO | | | | Vacation, Holiday and Dues in Gross Pay: NO | | | | | | | | Rate in Lieu of Fringes: | Total in Lieu of Fringes | Total Base Rate + Fringes | Voluntary Pension | Voluntary Medical | H & W Rate | Pension Rate | Vac Hol Rate | Training Rate | All Other Rate | Total Fringe Rate to 3rd | | | | |
| | | | | | | | | | | | | \$0.00 | 0.00 | 30.83 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 6.83 | 6.83 | | | | |
| OTHER DEDUCTION NOTES:ACC 3.78, CRI 1.12, LIF-T 3.19 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OLIVER, KEITH (b) (6) | | EXEMPT 0 | POWER EQUIPMENT OPERATORS / GROUP 3: Backhoes, cherrypickers, elevating graders, hoists, power shovels, gradalls, front end loaders-3 1/2 Washington, DC WD: DC 130002 7/05/2013 | | 11/30/14 | 12/1/14 | 12/2/14 | 12/3/14 | 12/4/14 | 12/5/14 | 12/6/14 | TOTAL HOURS THIS PROJECT | BASE HOURLY RATE OF PAY | THIS PROJECT | ALL PROJECTS | Federal Tax | Social Security | Medicare | State Tax | Local Taxes / SDI | Other | Savings | Total Deduction | Check No. | | |
| | S | | | M | T | W | TH | F | S | | \$31.43 | 240.60 | 158.07 | | | 0.00 | 84.63 | 54.28 | 0.00 | 0.00 | \$537.58 | 2262491 | | | | |
| | S | | | | 10.25 | 10.75 | 10.25 | 8.75 | | | 40.00 | | | | | | | | | | | | | | | |
| | O | | | | | | | 1.75 | 8.50 | 9.00 | 19.25 | \$47.15 | | | | | | | | | | | | | | |
| | D | | | | | | | | | | \$0.00 | | | | | | | | | | | | | | | |
| All or Part of Fringes Paid to Employee: NO | | | | Vacation, Holiday and Dues in Gross Pay: NO | | | | | | | | Rate in Lieu of Fringes: | Total in Lieu of Fringes | Total Base Rate + Fringes | Voluntary Pension | Voluntary Medical | H & W Rate | Pension Rate | Vac Hol Rate | Training Rate | All Other Rate | Total Fringe Rate to 3rd | | | | |
| | | | | | | | | | | | | \$0.00 | 0.00 | 39.66 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 8.23 | 8.23 | | | | |
| OTHER DEDUCTION NOTES:CHILD 50.48 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TAYLOR, MARK (b) (6) | | EXEMPT 0 | LABO0657-015 / LABORER: Skilled / Type: Building Washington, DC WD: DC 130002 7/05/2013 | | 11/30/14 | 12/1/14 | 12/2/14 | 12/3/14 | 12/4/14 | 12/5/14 | 12/6/14 | TOTAL HOURS THIS PROJECT | BASE HOURLY RATE OF PAY | THIS PROJECT | ALL PROJECTS | Federal Tax | Social Security | Medicare | State Tax | Local Taxes / SDI | Other | Savings | Total Deduction | Check No. | | |
| | S | | | M | T | W | TH | F | S | | \$21.26 | 71.79 | 55.99 | | | 0.00 | 27.09 | 0.00 | 50.48 | 0.00 | \$205.35 | 2262514 | | | | |
| | S | | | | | 5.25 | | | | | 5.25 | | | | | | | | | | | | | | | |
| | O | | | | | | | | | | | \$0.00 | | | | | | | | | | | | | | |
| | D | | | | | | | | | | \$0.00 | | | | | | | | | | | | | | | |
| All or Part of Fringes Paid to Employee: NO | | | | Vacation, Holiday and Dues in Gross Pay: NO | | | | | | | | Rate in Lieu of Fringes: | Total in Lieu of Fringes | Total Base Rate + Fringes | Voluntary Pension | Voluntary Medical | H & W Rate | Pension Rate | Vac Hol Rate | Training Rate | All Other Rate | Total Fringe Rate to 3rd | | | | |
| | | | | | | | | | | | | \$0.00 | 0.00 | 28.09 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 6.83 | 6.83 | | | | |
| OTHER DEDUCTION NOTES:CHILD 50.48 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MACKERT, PAUL (b) (6) | | EXEMPT 0 | LABO0657-015 / LABORER: Skilled / Type: Building Washington, DC WD: DC 130002 7/05/2013 | | 11/30/14 | 12/1/14 | 12/2/14 | 12/3/14 | 12/4/14 | 12/5/14 | 12/6/14 | TOTAL HOURS THIS PROJECT | BASE HOURLY RATE OF PAY | THIS PROJECT | ALL PROJECTS | Federal Tax | Social Security | Medicare | State Tax | Local Taxes / SDI | Other | Savings | Total Deduction | Check No. | | |
| | S | | | M | T | W | TH | F | S | | \$21.26 | 79.59 | 56.84 | | | 0.00 | 28.88 | 28.88 | 35.00 | 0.00 | \$229.19 | 2262475 | | | | |
| | S | | | | | 5.25 | | | | | 5.25 | | | | | | | | | | | | | | | |
| | O | | | | | | | | | | | \$0.00 | | | | | | | | | | | | | | |
| | D | | | | | | | | | | \$0.00 | | | | | | | | | | | | | | | |
| All or Part of Fringes Paid to Employee: NO | | | | Vacation, Holiday and Dues in Gross Pay: NO | | | | | | | | Rate in Lieu of Fringes: | Total in Lieu of Fringes | Total Base Rate + Fringes | Voluntary Pension | Voluntary Medical | H & W Rate | Pension Rate | Vac Hol Rate | Training Rate | All Other Rate | Total Fringe Rate to 3rd | | | | |
| | | | | | | | | | | | | \$0.00 | 0.00 | 28.09 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 6.83 | 6.83 | | | | |
| OTHER DEDUCTION NOTES:401K 35.00 | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | |
|------------------------|-------|---------------------|-------|---------------------|------|--------------------|-------|
| TOTAL STANDARD HOURS : | 53.50 | TOTAL 1.5 OT HOURS: | 19.25 | TOTAL 2.0 OT HOURS: | 0.00 | GRAND TOTAL HOURS: | 72.75 |
|------------------------|-------|---------------------|-------|---------------------|------|--------------------|-------|

Statement of Compliance

Date Monday, December 22, 2014

I, Darlene Ford, Payroll Manager do hereby state:

(1) That I pay or supervise the payment of the persons employed by SCAFFOLD RESOURCE LLC on the TRUMP HOTEL; that during the payroll period commencing on 11/30/2014 and ending on 12/6/2014 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said SCAFFOLD RESOURCE LLC from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

All comments are in the notes on the submitted Certified Payroll Report.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

[X] - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

[] - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS:

| EXCEPTION (CRAFT) | EXPLANATION |
|-------------------|-------------|
|-------------------|-------------|

REMARKS:

NAME: Darlene Ford

TITLE: Payroll Manager

Electronic Signature Code: (b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Other Deductions Notes

| <u>Employee Name</u> | <u>Craft</u> | <u>Classification</u> | <u>Other Deduction Notes</u> |
|----------------------|--------------|-----------------------|--------------------------------|
| MACKERT, PAUL | LABO0657-015 | LABORER: Skilled | 401K 35.00 |
| MONGUE, GARY | LABO0657-015 | LABORER: Skilled | ACC 3.78, CRI 1.12, LIF-T 3.19 |
| TAYLOR, MARK | LABO0657-015 | LABORER: Skilled | CHILD 50.48 |